# MD000005883

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	<del></del>
	,	
·		
(Cir	ty/State/Zip/Phone	• #)
	<b>-</b>	<b>—</b>
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
	_	
(De	ocument Number)	
(50	cament Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
•	<b>3</b>	
	•	
		i
		101
		ANV.
		MIN,
Dod Tillar	/	l (('7
Ned riffy	<u> </u>	
U	Office Use Onl	у



900079867159

09/18/06--01047--012 \*\*125.00

06 OCT 24 PH 2: 52

SECRETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: R DELIVERY Now (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
DEBRA L. VAJGHO (Name of Person)
R DELLUERY NOW (Firm/Company)
1850 TAYLOR AVE #3B (Address)
LOUISVILLE, X Y 40213 (City/State and Zip Code)
For further information concerning this matter, please call:
DEBRA VAUGEN at (502) 458.4330 (Area Code & Daytime Telephone Number)
MAILING ADDRESS:  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\begin{align*} \text{Enclosed is a check for the following amount:} & \text{\$\text{\$\subset\$}\$\$}\] \$\text{\$\text{\$\subset\$}\$}\] \$\text{\$\text{\$\subset\$}\$}\] \$\text{\$\text{\$\subset\$}\$}\] \$\text{\$\text{\$\subset\$}\$}\] \$\text{\$\text{\$\subset\$}\$}\] \$\text{\$\text{\$\subset\$}\$}\] \$\text{\$\subset\$}\] \$\text{\$\subset\$}\} \$\text{\$\subset\$}\] \$\text{\$\subset\$}\] \$\text{\$\subset\$}\} \$\text{\$\subset\$}\] \$\text{\$\subset\$}\} \$\text{\$\subset\$}\] \$\text{\$\subset\$}\} \$\text{\$\subset\$}\] \$\text{\$\subset\$}\} \$\text{\$\subset\$}\] \$\text{\$\subset\$}\} \$\text{\$\subset\$}\} \$\text{\$\subset\$}\} \$\text{\$\subset\$}\] \$\text{\$\subset\$}\} \$\tex



September 20, 2006

DEBRA L. VAUGHN 1850 TAYLOR AVENUE #3B LOUISVILLE, KY 40213

SUBJECT: RX DELIVERY NOW Ref. Number: W06000041342

We have received your document for RX DELIVERY NOW and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 406A00056345

Leslie Sellers Document Specialist

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. DELIVERY DOW, LLC (Name of Foreign Limited Liability Company)	
2. KENTUCES  (Jurisdiction under the law of which foreign limited liability company is organized)  3. Ol-O72 1379  (FEI number, if applicable)	<del></del>
4. MARCH 3, 2004 (Date of Organization)  5. PERFECTAL (Duration: Year limited liability company winexist or "perpetual")	II cease to
6. N/P  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1950 TAYCOR AVE #3B	
Lowisuille, Ky 45213 (Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follow	vs:
DEBRA L. VAUGHN	
1850 TAYLOR ANE #33	
LOUISVILLE, KY 40213	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cuthe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lateranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	<del></del>
Signature of a member or ar authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Typed or printed name of signee	DIVISION C

OS OCT 21. BH 2. F2

SECRETARY OF STATE VISION OF CORPORATION

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name of the Limited Liability Company is:
PL DELIVERY NOW
2. The name and the Florida street address of the registered agent and office are:
MICHAEL NEWLIZK
3221 NW 13TH ST, SUITED-2 Florida Street Address (P.O. Box NOT ACCEPTABLE)
GAINZSVILLE, FL 32609=2189 City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Michael Newberk-

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Commonwealth of Kentucky **Trey Grayson Secretary of State**

#### Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

#### RX DELIVERY NOW, PLLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is March 3, 2004.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14th day of September, 2006.

Certificate Number: 36614 Jurisdiction: STATE OF FLORIDA

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx\_to validate the authenticity of this

certificate.

. . . . .

Trey Grayson Secretary of State Commonwealth of Kentucky 36614/0580322